

MADAP 500 N. Calvert Street, 5th Floor Baltimore, MD 21202 Phone: (410) 767-6535

	Client Services Use Only		
Date Rec'd:	Insurance Review:		
Date Rev'd:	□ Approved: □ Denied:		
Elig. Date:	PA Dates:		
PA entered://	PA#: Int:		

Fax completed form to: (410) 333-2608 or (410) 244-8696

## CONTINUATION OF MADAP PRIOR AUTHORIZATION REQUEST FORM FOR HEPATITIS C THERAPY

## **Part 1: Patient Information**

Name:	_	MADAP Client ID #: 9 4			
DOB:/ Body Weight: kg	g	Pt's Daytime Phone #:			
What was the start date of the patient's Hepatitis C treatment regimen?/					

Check the Hepatitis C treatment plan that MADAP initially	approved for this patient.			
☐ <b>Daklinza</b> ® (daclatasvir) mg: Take once daily for weeks	☐ <b>Harvoni</b> ® (ledipasvir-sofosbuvir) 90 mg/400 mg: Take tablet(s) once daily for weeks			
☐ <b>Olysio</b> ® (simeprevir) 150 mg: Take once daily for weeks	☐ <b>Sovaldi</b> ® (sofosbuvir) 400 mg: Take once daily for weeks			
☐ <b>Technivie</b> ® (ombitasvir/paritaprevir/ritonavir) 25 mg/150 mg/ 100 mg:  Take tablet(s) once daily for weeks	☐ <b>Viekira Pak</b> ® (dasabuvir) 250 mg + (ombitasvir/paritaprevir/ritonavir) 25 mg/150 mg/100 mg. Take as directed for weeks			
☐ <b>Zepatier</b> ® (elbasvir/grazoprevir) 50 mg/100 mg: Take once daily for weeks	☐ <b>Peginterferon alfa</b> mcg: Inject once weekly for weeks			
☐ <b>Ribavirin</b> mg: Take in the morning and in the afternoon for weeks	: Take as directed for weeks			
Take as directed for weeks	: Take as directed for weeks			
Complete the following information for this patient.  What is the patient's HCV genotype and subtype?  What is the patient's quantitative HCV RNA after 4 weeks o				
,	Test date:/			
Did any interruption(s) occur in the patient's Hepatitis C treatifyes, state the date(s), cause(s) and/or outcome(s) of any in	•			
The prescribing clinician is requesting continuation of the pa	·			
If no, state the date and reason(s) that the patient's Hepatitis	C treatment plan was/will be discontinued:			

## **Part 3: HIV Treatment Status**

Has the patient been on HIV anti-retroviral therapy since starting Hepati Is the patient expected to take HIV medications during continued Hepati  If No, state reason:  If Yes, list the ART being prescribed:	itis C treatment?	□ No	□ Yes			
Part 4: Precautions and Adherence Monitoring						
Will precautions and adherence monitoring continue during the course of Please describe any special precautions and/or adherence issues that were	re reviewed with the	□ No patient:	☐ Yes			
Part 5: Patient Assistance Affidavit						
Is the prescribing clinician prepared to have the patient enrolled in other patient assistant drug programs to complete the Hepatitis C therapy, if MADAP has approved the HCV regimen, but the patient subsequently becomes ineligible for MADAP coverage?						
I certify that the information provided is accurate. Supporting d	locumentation is a	ıvailable fo	r State audits.			
Prescribing Clinician:	License No. & St	ate:				
Clinic/Hospital Name:	NPI #:					
Street Address:	Phone #:					
City, State & Zip:	Fax #:					
Clinician's Signature:	1	Date:	1 1			